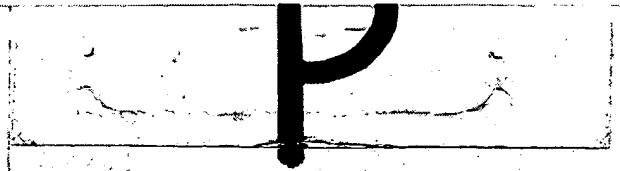


Jay 13

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050/986796  
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		<b>Subclass</b>
	<b>Class</b>	

**ISSUE CLASSIFICATION**



**PATENT NUMBER**

**U.S. UTILITY Patent Application**

O.I.P.E.	PATENT DATE
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APPLICATION NO. 09/986050	CONT/PRIOR D.	CLASS 005	SUBCLASS 86.1	ART UNIT <del>3670</del> 3673	EXAMINER: GROSZ
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Geoffrey Fernie  
Gerald Griggs

## Patient transfer device

# Best Available Copy

PTO-2040  
12/89

TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				<b>NOTICE OF ALLOWANCE MAILED</b>	
	(Assistant Examiner) _____ (Date)				
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____				<b>ISSUE FEE</b>	
	(Primary Examiner) _____ (Date)			Amount Due	Date Paid
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.				<b>ISSUE BATCH NUMBER</b>	
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